

Request for a commitment to cover costs for solid organ or stem cell transplantation

Transplantation hospital:

Type of transplant:

Planned date of admission to hospital for transplant:

Transplant coordinator:

Surname, first name:

Recipient

Surname, first name:

Date of birth:

Sex: m f

Street, no.:

Postcode, city/town:

Health insurer:

Insurance no.:

Medical indication

ICD-10 code:

Is the procedure listed as a mandatory benefit under KLV/OPAS Annex 1, Art. 1.2 or Art. 2.1?

Yes No

To enable us to assess our liability to pay benefits, please send a detailed medical report to our medical review office.

Living donor

Surname, first name:

Date of birth:

Sex: m f

Degree of relationship:

Deceased donor:

Yes No

Kontakt

Sanitas

Preference Center

Länggassstrasse 7, Postfach

3001 Bern

sanitas.com

Preparation of allogeneic haematopoietic stem cell, liver, or liver/pancreas transplant

- HLA typing (related donor/unrelated donor)
- Repeat HLA typing, date of last typing
- HLA typing (recipient)
- Information on immunology

Transplantation

- Autologous haematopoietic stem cell transplantation
- Allogeneic haematopoietic stem cell transplantation
- Collection
- Genoidentical siblings
- Purging
- Haploidentical family donor
- One transplant
- Standard transplant
- Several transplants
- Mini transplant
- Transplantation phase; how many?
- Unrelated donor

Recipient

Surname, first name: _____

Artificial ventricle (bridge to transplant)

- Short-term
- Medium to long-term

Is the patient on the waiting list for a heart transplant? Yes No

Additional details

Does the patient have an autoimmune disease? Yes No

Is the treatment being performed as part of a study or multicentre study? Yes No

Name of study: _____

Search for unrelated donor

- Registration
- Donor search
- Lymphocyte donation from donor
- Donation available

Doctor

Surname, first name: _____

Place, date: _____

Doctor's signature: _____